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Statement of Rep. Henry A. Waxman Chairman, Committee on Oversight and Government Reform Hearing on the Incidence and Treatment of Mental Health Problems by the U.S. Military May 24, 2007

Today, Congress is scheduled to head home for the annual Memorial Day recess. This is a time for special reflection on the sacrifices made by generations of American soldiers and for giving special thanks to our brave troops fighting in Iraq and Afghanistan.

Today's hearing is about this new generation of heroes, and the invisible injuries that will afflict many of these brave men and women. We are going to examine startling new figures about the number of troops that are suffering from post-traumatic stress disorder and other mental illnesses. And we will focus on whether the Defense Department and the Veterans Administration are meeting the need of providing basic levels of care.

This Committee has a long-standing interest in the welfare of our troops. Long before the American public knew about the problems at Walter Reed, our Ranking Member, Tom Davis, was asking questions, writing letters, and holding hearings about problems that Guard and Reserve troops encounter obtaining health care and military benefits. John Tierney, the Chairman of our National Security Subcommittee, held the first hearings at Walter Reed, and he continues to take the lead as our Committee examines problems with the military's health care system.

The most recent statistics on the numbers of soldiers suffering from mental illnesses caused by the war are staggering. Dr. Zeiss, the VA's top psychologist, will testify today that almost 100,000 soldiers have already sought mental health care, while Dr. Insel, the Director of the National Institute of Mental Health, predicts that many more will return from Iraq and Afghanistan with post-traumatic stress disorder. Recent figures from the Defense Department indicate that up to 40% of soldiers report psychological concerns. With almost one million soldiers and marines having served in Iraq or Afghanistan during the course of the war, hundreds of thousands of troops will need screening or treatment for combat related mental illnesses such as clinical depression, anxiety disorder, and post-traumatic stress disorder (PTSD).

Yesterday, I received a memorandum from the Los Angeles County Department of Mental Health about the impact of combat-related mental health problems in my district and the surrounding area. According to the Mental Health Department, some Los Angeles-area veterans'

service providers are reporting PTSD incidence rates for returning veterans that are as high as 80%.

The Department also described case studies of area veterans who returned from Iraq with mental health problems. One involved a 24-year old veteran who served two tours of duty in Iraq, but came home with PTSD, and saw his life enter a downward spiral of substance abuse, homelessness, and crime. I'd like to make this memo part of the hearing record.

As these accounts demonstrate, we are facing a public health problem of enormous magnitude.

While often invisible, these mental health injuries are real, and if left untreated, they can devastate soldiers and their families. We'll hear today from witnesses who experienced combat-related mental illnesses themselves or through a family member. Their stories are heartbreaking, and they remind us that behind each statistic lies a soldier and a family struggling to cope.

I want to particularly thank these soldiers and their families for being here today. I know that the stories you have to tell us today will be difficult to relive. But they will help us understand the magnitude of the problem and make a true difference.

In our second panel, we'll hear from the Defense Department and the VA about their readiness for the tremendous challenges that these mental illnesses will pose to the system. I know these agencies are working hard to address these problems, but I remain concerned they are not ready for the impending crisis. Indeed, the Defense Department's Mental Health Task Force has flatly stated — and I quote — “the military system does not have enough resources or fully trained people to fulfill its broad mission of supporting psychological health in peacetime and fulfill the greater requirements during times of conflict.”

One of my greatest concerns is that the problem is getting worse, not better.

Mental health professionals have identified three important factors that put our troops at risk of returning with mental health problems: longer deployment times; shorter rest periods at home; and multiple deployments. And they say that all three are now happening at once, creating a growing epidemic of mental health injuries.

Just last month, Secretary Gates announced he was extending tours of Army soldiers deployed in Iraq to an unprecedented 15 months. Some units have found that their time at home has been cut to as few as nine months. Many of our troops are now on their second or even third deployment. There are even disturbing accounts of soldiers being ordered back to Iraq despite severe mental or physical injuries. These are dangerous practices that imperil the mental health of our troops.

We've sent hundreds of thousands of troops to Iraq and Afghanistan, and we can never thank them enough for their service. As we approach Memorial Day, we need to recognize that it is a moral imperative that we do everything possible to prevent and treat their injuries, whether

physical or mental, and to give these soldiers and their families the support and care they need when they return from war.

I hope this oversight hearing will help make this happen.